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## CONTENTS.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Death from Cerebral Disease, after Ligature of the Carotid . . . . . 33
False Axillary Aneurism after Fracture and Dislocation of the Humerus; Death . . 34
Puncture of the Ascending Aorta by a Needle; Death; Autopsy . . . . . 34
Hemorrhage from the Removal of Dead Bone 35
Hydrocele radically cured by the Wire Seton 36
Turpentine in Hæmoptysis . . . . . 36
Goitre successfully treated by Large Doses of Bromide of Potassium and Liquor Potassæ 37
Diseases of the Spleen . . . . . 37
Palsy and Wasting of the Flexors of the Forearm, from Hat-Pressing . . . . . 37

CLINICAL LECTURE.

Practical Clinical Remarks on the Dressing of Wounds and Bruises, with some Observations on Position as a Remedial Agent . 38

MEDICAL NEWS.

*Domestic Intelligence.*—The American Medical Association . . . . . 43
National Convention for Revising the Pharmacopœia . . . . . 43
Sewerage and Drainage of large Cities . . 43
Officers of the College of Physicians of Philadelphia . . . . . 43
Philadelphia Medical Society . . . . . 43
Boston Medical and Surgical Journal . . 44

*Foreign Intelligence.*—The Safeguards of the Eye . . . . . 44
A New Electric Pile . . . . . 45
Amputation of the Thigh in the Hypnotic State . . . . . 45
The Physician Astronomer . . . . . 45
M. Vries . . . . . 46
Vitality of Toads . . . . . 47
Preparations of Castor-Oil Leaves . . . . 47
New Operation for removal of Naso-Pharyngeal Polypus . . . . . 48
Vaccination in Scotland . . . . . 48
Arsenical poisoning by Paper-hangings . . 48
Professors of Medicine at the German Universities . . . . . 48
Leprosy in Cape Coast . . . . . 48
Obituary Record . . . . . 48

SIMPSON, LECTURES ON THE DISEASES OF WOMEN, 16 PAGES.

## CLINICS.

### HOSPITAL NOTES AND GLEANINGS.

*Death from Cerebral Disease, after Ligature of the Carotid.*—The usual cause of the failure of a ligature placed upon the carotid artery is softening or some other disease of the brain, the result of defective nourishment, arising from an imperfect collateral circulation. Mr. Erichsen, in his *Science and Art of Surgery*, quotes a table of Dr. Norris, of ligature of the carotid followed by fatal cerebral disease. Out of 149 cases of deligation of this artery, 32 were fatal, 18 of these resulting from cerebral disease. Curiously enough, in 10 cases in which both carotids were tied in the same patient, and where great cerebral disturbance might have been expected, only one death ensued. Disease of the brain, then, must arise from the inequality or imperfect balance of the circulation in the two hemispheres, when one of the carotids only is ligatured, but which, nevertheless, impairs the function and power of the entire cerebrum. With these observations, we have now to state that the case of ligature of the carotid artery, applied by Mr. Stanley at St. Bartholomew's Hospital on the 26th of October, for a supposed wound of that vessel in puncturing the tonsils (see No. of *Med. News* for Jan. last, p. 1), terminated fatally, quite suddenly and unexpectedly, on the 24th ult.

Apparently, a most excellent recovery had ensued, and the patient was on the eve of leaving the hospital to spend Christmas-day with his family, when he was seized with paralysis of the right side of his body, followed by insensibility, coma, and death, within four hours, as we were informed by Mr. Rogers, Mr. Stanley's house-surgeon. It appears, however, that the poor man had

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been complaining of his head for about a week before this event happened.

After death, the posterior part of the brain was found softened and extensively disorganized—indeed, it was diffluent. A small abscess was present in its anterior, and three others in its posterior parts. There was no effusion of blood or serum. The jugular vein was sound, but the carotid artery was thickened, with suppuration in its interior up to the point of its bifurcation. Dissection further revealed a wound of the tonsillar artery, and not of the carotid, as was originally supposed.

It appears that this patient's constitution had been severely tried in various hot climates—he was in the Crimea, amongst other places; and lately was on the strike, being by trade a handicraftsman.—*Lancet*, Jan. 14, 1860.

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*False Axillary Aneurism after Fracture and Dislocation of the Humerus; Death.*—Two most interesting cases of false aneurism have recently occurred at St. Bartholomew's Hospital. In the first, the man was under Mr. Stanley's care, and owing to the extreme obscurity attending the diagnosis, it was judged best to tie the external iliac. At the autopsy, the tumour proved to have been a false aneurism, consequent on spontaneous laceration of the profunda artery. In Mr. Skey's case, as there was a history of dislocation of the humerus five weeks before, and as the tumour had formed in the axilla of that side, no doubt existed as to its nature, or its cause. Opinions were, however, greatly divided, as to whether the subclavian should be tied, or an attempt be made to find and secure the vessel at the injured spot. Mr. Skey decided to adopt the latter operation, and was successful in its completion, though after a troublesome dissection, and considerable loss of blood. Such was the state of the parts from consolidation, extravasation of blood, etc., that it was scarcely possible to feel sure whether it was the trunk of the axillary itself which had been tied or not. The patient was an elderly woman, and very feeble, and sank about thirty hours after the operation. The autopsy, the notes of which are appended, showed that the axillary trunk itself had been tied.

*Notes of the autopsy, performed twenty-four hours after death.*—On exposing the cavity formed by the extravasated blood, the axillary artery, where it is surrounded by the brachial plexus, was found to be torn asunder, the two ends of which were securely tied. That portion of the radial nerve, which enters into the formation of the brachial plexus, was also rent asunder. No local insensibility of the arm was detected during life, nor was attention directed to it in consequence of the larger evil; but the woman complained of general numbness, which might be referred either to pressure on the brachial nerves, or possibly to pressure of the largely extravasated blood. On examining the articulation, the fibrous capsule was open by a small rent, and the synovial membrane partook of the general discoloration of the structures around. The humerus was fractured very obliquely, from the head downwards, to the extent of five inches. The lower fragment commencing in an acute point, corresponded with the laceration in the artery and nerve, and had probably caused it.

Much discussion had taken place prior to the operation, as to the most eligible proceeding to be adopted. Positive reduction in the size of the tumour was obtained by pressure on the subclavian artery passing over the first rib. Hence a ligature on that vessel was suggested, with a view to arrest the hemorrhage, and to obviate the necessary evils of an operation, which must injuriously expose the cavity of the sac. An additional motive for selecting the former operation arose from the great probability that the shoulder joint would by the latter be exposed to the air. Mr. Skey, however, laid the sac open, and tied the artery at the part wounded, giving as his reasons the following: 1st. That diminution of the size of the tumour, on pressure on the subclavian, was no conclusive evidence that future hemorrhage would not occur from the wounded vessel, even supposing temporary benefit to arise from the operation; and, 2d. That as the accident had occurred five weeks prior to the date of the operation, it was reasonable to suppose that the wound in the fibrous capsule had sufficiently healed to prevent access of air to the joint. In the validity of this reasoning, most of Mr. Skey's colleagues fully concurred.—*Med. Times and Gaz.*, Jan. 14, 1860.

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*Puncture of the Ascending Aorta by a Needle; Death; Autopsy.*—S. H., aged 19, a fine, healthy looking young woman,

walked into the surgery at St. Bartholomew's Hospital, about 2 A. M., on Tuesnay, Jan. 3, and stated that she had had a few words with a man, who had given her a push, and driven the hook of her dress into her chest, about fifteen or twenty minutes previously. Mr. Farrington examined her, and found that on the right side of the sternum, between the second and third costal cartilages, the skin was projected forward about one-eighth of an inch by some foreign body, which received a pulsation synchronous with the action of the heart. A small puncture, such as would admit a pin, about a quarter of an inch from the projection, was the only wound visible. There was a single spot of blood on her chemise. On questioning her, she said it might possibly be a needle, as she sometimes carried them stuck in her dress. She complained of a slight sense of fulness in her throat, and pain in the right shoulder. Her respiration was slightly accelerated; pulse 120, which might have been due to excitement. She said that if it could be taken out, she was quite well enough to go home. It was with much difficulty that she was persuaded to remain in the hospital. She walked to the ward, and on arriving there complained suddenly of great pain in her chest, and of feeling very faint. Mr. Farrington saw her a few minutes afterwards, and found her in great pain. Her countenance was livid, and her expression anxious. The projection on the right of the sternum still remained, though it was now quite motionless. The action of the heart was extremely feeble, the radial artery being scarcely perceptible. Respiration was deep and slow, ammonia was applied to the nostrils, and the pulse slightly revived. Mr. Farrington now made a small incision over the projection, and with some little force extracted a piece of a needle one and seven-eighths of an inch long, the outer end being slightly bent, and the part containing the eye being broken off. It took a direction obliquely beneath the sternum and rather downwards. Brandy was given to her, but she was unable to swallow it. Her condition gradually became worse. Delirium supervened, the heart became more and more oppressed, the sounds becoming more feeble and distant, the pulse being occasionally quite imperceptible, and then feebly returning. Respiration deep and at long intervals. She gradually sank, and died about an hour after her arrival at the hospital.

*Autopsy, Thirty-two hours after Death.*—The seat of the puncture was found to be just below the second costal cartilage and close to the right edge of the sternum. Two small punctures were found in the pericardium, their situation nearly corresponding to the external one. The pericardium was fully distended and contained about a pint of blood, the serum having separated from the clot, which latter quite encased the heart. Beneath the external coat of the aorta, just at its commencement, was an extravasation of blood about the size of a shilling. About half an inch above the aortic valves were three or four punctures, such as would have been made by the needle; through the whole thickness of the outer wall of the artery, and within a quarter of an inch of each other, one puncture being about one-sixteenth of an inch long, and as if enlarged by the pulsation of the artery while the needle was fixed in it. Both lungs were much congested, and contained very little air. The other organs examined were healthy.—*Med. Times and Gaz.*, Jan. 14, 1860.

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*Hemorrhage from the Removal of Dead Bone.*—In the union of severely comminuted and compound fracture, the normal position of parts will sometimes become changed, and the course of even one of the larger bloodvessels may be altered. This is only to be discovered when any operation is subsequently required, such as the removal of a piece of dead bone. An illustration in point was presented to our notice at St. George's Hospital on the 22d of December. An elderly man was brought into the operating theatre with necrosed bone over the site of a fracture of the left tibia, which occurred two years ago. The bone was broken into several pieces, and a wound communicated with the fracture. The leg was carefully put up, and union ensued, with some slight deformity, but nevertheless a good limb was saved. Some dead bone remained, and was the cause of much trouble. Mr. Cæsar Hawkins used the trephine, and removed the whole of it. It was necessary to employ the scalpel in reflecting back the tissues, and in doing this the anterior tibial artery was wounded; its course had somewhat deviated across the fracture, and it seemed to be lodged in

a fossa formed by a projecting piece of bone. Attempts were made to take up the vessel with the forceps and to apply a ligature, but all were unsuccessful, until a square mass was dissected away and isolated, including the vessel, when a ligature, placed over all, stopped further bleeding. The hemorrhage, however, was most difficult to control until this process of isolation was adopted by Mr. Pollock. The patient is going on well, and free suppuration has been established.—*Lancet*, Jan. 21, 1860.

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*Hydrocele radically cured by the Wire Seton.*—With some surgeons the use of metallic wires, in the radical cure of hydrocele, is finding much favour, from the fact of their application being easy, the cure tolerably speedy, and the pain of trifling amount: the last, we need not say, is a desideratum of importance. In the number of this journal for Sept. 10th last, we referred to five cases of hydrocele in which the silver wires were successfully employed by Mr. Pollock, at St. George's Hospital, one of them being an encysted hydrocele of the cord. Since then he has treated others. We saw these wires applied, in his eighth case, on Dec. 8th, in the person of a man with a large dropsy of the tunica vaginalis. This was tapped, a needle being passed into the canula, armed with a silver wire, and out through the scrotum. The canula was now withdrawn, and the two ends of the wire tied. This case subsequently did well, and was a good cure. Mr. Pollock afterwards stated that all injections for the cure of hydrocele were attended with some amount of pain, often very severe, the cure not unfrequently being tedious. Iodine, he observed, causes excessive distress and faintness, and will even fail to cure in some cases. He recollected an instance in which a man fainted from its use. The wire is simple, and causes no pain until secondary inflammation is set up. From thirty-six to forty-eight hours is the maximum time that he considered that the wire should be left in, when sharp pain and effusion occur, and then it is removed. The cure is effected in two weeks. If the wire be left in too long, the pain will be very severe. In one case, however, that of a young man with an encysted hydrocele of the cord, containing four or five ounces of serum, the wire was left in for a week, during which time he was walking about. Mr. Pollock thought there was not the same amount of risk when the dropsy is confined to the cord as when it exists in the old situation. The cyst was obliterated, and continued to be so, as verified by an examination some months after.

These wires we have seen Mr. Fergusson employ in similar cases at King's College Hospital, and with equally good results. —*Lancet*, Jan. 14, 1860.

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*Turpentine in Hæmoptysis.*—There are several well-known remedies which justly enjoy a high reputation for arresting attacks of hæmoptysis, and amongst them may be mentioned acetate of lead, gallic acid, and dilute sulphuric acid. These we see commonly employed, and almost invariably with success. From some cause or other, however, they will sometimes fail, and our reliance must be placed upon some other astringent and styptic, which shall have the power of effectually checking this slow form of bleeding from the lungs. The oil of turpentine is, perhaps, one of the best next to those we have mentioned, and when properly administered can be relied upon. We lately observed two cases of hæmoptysis in the Charing-cross Hospital, under Dr. Willshire's care, which continued obstinately persistent, in spite of the free use of acetate of lead firstly, then gallic acid, and thirdly dilute sulphuric acid. One patient was a young man aged twenty-one years, who has had several recurring attacks of this symptom; he was admitted on the 28th of November. The hemorrhage was stopped only when the oil of turpentine was administered in doses of twenty-five drops three times a day in a little syrup and water.

The other patient was a female, at first in the surgical wards under Mr. Hancock's care; she had had a breast amputated, which was followed by intense congestion of the lungs, with hemorrhage. She was now transferred to Dr. Willshire's care, and after taking the other remedies in full doses without effect, the turpentine completely controlled the bleeding, and she is gradually improving.

The efficacy of turpentine is well known in hemorrhages from the urinary passages, and also from the uterus—that is to say, in their passive form; and as it exerts a specific and peculiar influence upon mucous surfaces generally, we may look for good results in other parts of the body, of which

the bronchi are most certainly not the least important.—*Lancet*, Jan. 14, 1860.

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*Goitre successfully treated by Large Doses of Bromide of Potassium and Liquor Potassæ.*—Cases of goitre, and especially those of long standing, are some of the most troublesome and unsatisfactory that fall under the notice of practitioners. In many of them, even where treatment has been successful for a time, it sometimes happens that from very trifling exciting causes the gland enlarges to as great a size as ever. During the past year we had the opportunity of seeing over a dozen examples of goitre, under Dr. O'Connor's care at the Royal Free Hospital. In a few of those cases, iodide of potassium, in small doses, gradually increased to much larger ones, with the external application of strong iodine paint, was tried without benefit. The same remedies in combination with steel, and generous living, were equally unsuccessful. Bromide of potassium, in doses of five grains, with ten minims of liquor potassæ in infusion of quassia, was next tried, and continued for some time, with benefit, the bromide being gradually increased to doses of twenty-five grains, three times daily, with forty minims of liquor potassæ. In all the instances in which it was given for a proper length of time, the result was a complete disappearance of the glandular enlargement. The minimum dose of the bromide now administered in these cases by Dr. O'Connor is ten grains, with twenty minims of liquor potassæ and infusion of quassia. There are now three patients under treatment in whom the progressively beneficial effects of this remedy are clearly discernible. In many of these cases strong iodine paint is used as an application. We have heard Dr. O'Connor state, that the bromide of potassium does not produce any of the depressing effects of the iodide, which is a practical point of very great importance.—*Lancet*, Jan. 21, 1860.

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*Diseases of the Spleen.*—The well recognized facts which have been brought forward to illustrate two special diseases in which the spleen is more or less engaged—namely, leucocythæmia splenica, and anæmia lymphatica, will help most materially in bringing the various conditions to which this singular organ is pathologically liable, into something like a form for analysis and classification. Our knowledge of disease of the spleen, *per se*, is valueless, unless we associate some other condition with it. During life, almost the only abnormal state hitherto diagnosed is enlargement; and if there be an absence of white-cell blood, or lymphatic glandular disease, we must look to some other cause for an explanation of the morbid influence acting on the spleen. This reminds us of two cases of splenic enlargement which came under our observation many months back: one, a patient in Faith ward of St. Bartholomew's Hospital, was under Dr. Burrows' care. She was twenty-one years old, had considerable hypertrophy of the organ in question, a pleurisy of the right side, and brow ague. It was difficult to determine the nature of the disease here, and the ultimate result is unknown, because she left the hospital, and was lost to observation; although she could have survived but a few weeks, as she was in a very low and exhausted condition. The other case was a male patient, under Dr. Hawkins' care, in the Middlesex Hospital, in January, 1858, who had enlargement of the spleen only, accompanied by dysentery. Violent purging, and hemorrhage from the stomach and bowels, arise in the course of disease of the spleen; and by-and-by, it is to be hoped, as our knowledge extends, that we shall be enabled to understand and explain these symptoms.

The spleen is subject to inflammation, softening, tuberculosis, cancer, and other diseases, besides congestion and its consequences in intermittent fever. Many good examples in which this organ was diseased in various ways, will be found in the chapter on its pathology in Dr. Crisp's *Treatise on the Structure and Use of the Spleen.*—*Lancet*, Jan. 14, 1860.

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*Palsy and Wasting of the Flexors of the Forearm, from Hat-Pressing.*—In wrist-drop, or palsy of the forearm and hand, in persons who are subject to the poisonous influence of lead, the extensor muscles are chiefly affected, and wrist-drop is the result. The fingers are seen to be flexed upon the hand, and the hand upon the forearm. The affection is a peculiar one, and not easily mistaken. We had the opportunity of seeing an opposite condition to the above at Guy's Hospital, on the 6th December, in the person of a young woman, aged

twenty-two years, whose occupation was that of a hat-presser. In her there was paralysis of the flexors of the forearm and hand, with wasting of the muscles. For five years, whilst employed in her avocation, this affection had been gradually coming on, and at last she had to give it up, as her hands and forearms were almost useless When she first came under the care of Mr. Bryant, about twelve months ago, the bones of the metacarpus could be plainly seen and felt in the palm, and the entire anterior aspect of the forearm was shrunken and wasted. She could not flex the hands upon the wrists, and could scarcely hold anything. Under the use of galvanism three times a week for nearly a year, she can now, however, flex the wrist pretty freely, and can grasp any substance with the fingers only, but the latter do not freely bend into the palm of the hand. The fleshy portion of the flexors of the forearm has, to some extent, regained its normal size, but the tendency of the hands and wrists is to bend backwards. The back of both hands appear natural, but the forefingers and thumbs cannot be used. She of course gave up her old occupation when she first came under treatment. Her general health has always been good.

A short time back we saw a case under Mr. Erichsen's care, at University College Hospital, of a man who had temporary paralysis of the supinators of his right forearm, from the constant use of tailors' shears.—*Lancet*, Jan. 21, 1860.

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## CLINICAL LECTURE.

*Practical Clinical Remarks on the Dressing of Wounds and Bruises, with some Observations on Position as a Remedial Agent.* Delivered at Middlesex Hospital, by MITCHELL HENRY, Esq.; Surgeon to the Hospital.

*Gentlemen.*—It may broadly be stated that in no one particular is a reflective surgeon more distinguished than in the care he bestows upon the external management of the cases that come before him. He who does not endeavour to refer all his proceedings to the guidance of reason, or who proceeds in the path of routine, without regard to the *principles* involved in the treatment he adopts, will never make any considerable progress in his profession, and will always be behind rather than in advance of the times in which he lives. In nothing is the truth of this statement more conspicuous than in the dressing of sores and wounds. In former times the error lay in doing too much—vulneraries, ointments, bandages, and stimulating applications, formed, as with some they still do, the necessary accompaniments of every practitioner. On the continent, and especially in France, the surgeon is never content to let a wound alone; but, when he cannot find an excuse for doing anything else, invariably applies to it, in passing, a solution of nitrate of silver, which he carries with him for the purpose. In England, however, there has long been a reaction against this excessive meddling, and the error is now rather the other way. Influenced by the encomiums of Mr. Abernethy, the application of a "well-made poultice" forms the easy method in which a vast variety of suppurating wounds are habitually treated by professional men as well as by the public. It might have been expected that the outcry which was formerly raised by Mr. Liston against this practice would have effectually discountenanced it; but personal observation will convince any one that it is far from being exploded, even in our hospitals. I have seen many a limb become disorganized within the folds of the cloth that contains the poultice—many an inflammation, and especially many a phlegmonous inflammation, spread, under a similar application, until it has cost the patient his life; and many a burn prove fatal from want of careful dressing. It does not require that we should go far to seek the reason for this state of things; it is simply that the *patient dies poisoned by his own secretions.* He might just as well live over a drain, or expect to regain health and strength in an atmosphere of sulphuretted hydrogen. Pus, however formed, or in what situation soever found, is a morbid secretion which must be checked, and got rid of as soon as possible. Sloughs and disintegrated tissue are matters which have no business in contact with living textures. A poultice, though often renewed, retains these noxious materials in the neighbourhood of absorbents, which, from the removal of the integuments, are unusually well placed for conveying poison into the system; and hence it is that so many patients suffering from severe burns die from a species of low typhoid fever after they have survived the first shock, and their wounds are "suppu-

rating kindly." Pyohæmia and general infection of the system may often be traced to the absorption of putrid matters from suppurating sores, and it therefore becomes of great importance to provide for the effectual cleansing of wounds, and for the oxygenation of such discharges as are unavoidably retained in contact with them. These things are almost impossible under the poulticing system, even with the addition of charcoal, yeast, carrots, and other substances which are commonly used for that purpose. It must not be supposed, from the foregoing remarks, that poultices are to be indiscriminately condemned; with certain restrictions they are proper and useful; but I speak thus definitely, because I wish to rouse your attention to certain "*common things*," which are in danger of being lost sight of from their very homeliness.

First, I wish to say a few words to you respecting *bruises*. They are of various degrees of intensity, sometimes being very trifling in amount, and sometimes reaching to the almost complete disintegration of the tissues; and, if at all serious, are invariably accompanied by the effusion of blood from the broken capillaries underneath the skin. The great extent of these effusions of blood, extending as they do sometimes for a space of a foot or more around the seat of injury, the feeling of soreness which they produce, and the changes of colour which the absorption of the blood gives rise to, are familiar to us all. We all know, too, that condition of general shaking, from a fall or the like, which causes people to complain of "being bruised all over." In fact, bruises in some shape or way are the commonest of all injuries, and those for which surgical aid is most frequently required. It is gratifying, therefore, to know that in the common arnica plant, and in the tincture prepared from it, we have a remedy of very singular efficacy, applicable in all cases, from the most trifling to the most severe. I have employed it for several years past in a vast variety of cases, and can speak of it from experience as unapproached in power by any other remedy or combination of remedies whatever. Many persons suppose that we are indebted to the homœopaths for the introduction of arnica; but this is quite a mistake, although it has been more prominently brought into notice by their commendations. Arnica has long been in use as a popular remedy in Germany, as well as in this country. In Ireland, a poultice of arnica leaves (the leopard's bane) is a favourite application to the "broken knees" of a horse, and is a far more rational one than the stimulating "oils" so commonly used in England. To bruises, to allay the smarting of wounds after operation, to fractures, dislocations, and all similar injuries, it may be applied with implicit confidence in its power, to the exclusion of fomentations, cooling lotions, and leeches. The only objection that can be made to it is that it sometimes irritates the skin; but this proceeds from its being employed in too great quantity and strength; or it is possible there may be a peculiar idiosyncrasy which predisposes the skins of some persons to become irritated by it. I can only say, however, that such cases must be rare indeed, for I have never met with one. I never employ it weaker than two drachms of the tincture to the pint of water, or stronger than two drachms to the ounce of water, and this only in rare cases, and for a short time, until pain has abated. The most useful strength is four or six drachms to the pint, and this may be kept as an hospital preparation, and used indiscriminately. In cases of very severe shock, as in heavy falls, a few doses of the tincture in quantities of five minims, administered internally at intervals of four or six hours, and carefully watched, for it is a depressant, will give great relief.

A few examples will serve to illustrate the foregoing remarks, and, first, one from my own personal experience: Three years ago the top of my finger was caught and violently jammed in shutting a carriage door. In the course of a few minutes the nail got black, and blood oozed from beneath its sides, whilst the pulp of the finger swelled up into a distinct tumour from the effusion of blood, and I need hardly say the pain was excessive. I went to the nearest chemist's, and got a lotion composed of two drachms of the tincture of arnica in one ounce of rose-water, and applied this assiduously as fast as the lint wrapped round the finger became dry, at the same time taking care to keep the hand well elevated. In the course of an hour the pain had very much abated, and I added some water to my lotion. Before going to bed at night, all inconvenience had ceased, except when the part was touched; the blackness rapidly disappeared, and in a few days my finger was perfectly well, without the loss of the

nail, and in striking contrast to what usually happens in such cases.

Many of you will remember a man, lately discharged from Clayton ward, who had fallen from a scaffolding twenty feet high, and had alighted upon the broad of his back. His sufferings were extreme; he passed blood in his urine, and subsequently for two days had retention. Nevertheless, the arnica lotion applied to his back, and a few doses of the tincture taken internally, relieved him in a marvellously short space of time, although every surgeon knows that there is not a more troublesome or lingering affection than this general shaking or bruising from a heavy fall.

Another patient, not yet discharged from the same ward, had an obscure injury to the shoulder-joint, simulating dislocation, for which attempts at reduction under chloroform had been made before I saw him. The injury was probably fracture of the glenoid cavity of the scapula, and was followed by ecchymosis extending half way down the back, and by very acute pain. Here the arnica was no less useful than in the former case, and the man has now almost recovered the use of his limb. To all our fractures you know it is an established remedy, and you saw me lately employ it as a lotion to relieve the pain which followed an operation for the extraction of cataract. Some of you will recollect that very formidable case of fistula in ano which lay in Bird ward, and which required so many operations for its cure. Nothing alleviated the severe pain attendant on it so much as arnica. I am informed by our house-surgeon, Mr. Cresswell, that he paints over any black eye that may be seen in the surgery with the pure tincture, which has the effect, in the early stage, of preventing the ecchymosis almost entirely, and, in a later one, of rapidly getting rid of it. But I might multiply these cases indefinitely. I am bound to say, however, that I have not as yet found it to be so efficacious in relieving the pain of cancer as we might have hoped it would be, and this probably arises from the fact that its action seems to be confined principally to the cutaneous and immediately subjacent textures. And this leads me to speak of its *modus operandi*. We know very little indeed of the ultimate action of any medicine or external application, but the probability is that arnica produces anæsthesia of the cutaneous nerves, and exerts some influence on the ganglionic nerves, which surround the bloodvessels, and regulate their action; for it certainly arrests the formation of thrombus and ecchymosis. However, whether this is theoretically correct or not, the practical efficacy of arnica is incontestable.

I have only one other hint to give you as to the treatment of bruises, and that is—whenever practicable, keep the limb well elevated above the plane of the body; but upon this important subject I shall have more to say by and by.

*Wounds.*—As regards the treatment of recent wounds, whether connected with fracture or not, it is also necessary to be on your guard lest meddlesome surgery, like meddlesome midwifery, prove injurious to your patient. When hemorrhage has ceased, and the part has been perfectly but gently cleansed, all torn and displaced textures should be carefully brought together, taking care that no stretching of the integuments is permitted. In many cases, where there is a disposition to sanguineous oozing, a bit of dry lint forms the best and readiest application. The albumen of the blood coagulates and hermetically seals the wound; whilst, at the same time, it is by no means prone to decomposition, so that it will dry and adhere for many days without becoming offensive. The case is quite different with clots of blood, which are notoriously apt to putrefy when exposed to the air. Strapping and adhesive materials, except sometimes as tending to support and consolidate the sound textures, should be avoided—metallic sutures, either of well annealed iron wire or of silver wire, being substituted for them. Metallic sutures excite no irritation, and may fearlessly be employed in every situation and to all textures. Unlike sutures made of vegetable materials, the holes through which they pass undergo no suppuration or ulceration, and they may be left *in situ* for an indefinite period—for three weeks if it be desired; indeed, it is not an uncommon event for us to lose a wire suture altogether, the patient leaving the hospital with it still in his body. The arnica lotion should be applied over the wounded part, which, when practicable, should also be kept elevated high over the patient's body; and the relief that these two measures afford will surprise persons who are not familiar with them. The only exception to the propriety of elevating the limb is in cases in which there is much loss of temperature

from defective circulation, or a fear of sloughing from the severity of the injury. To limbs in this condition, thick layers of cotton wool form the most advisable application; but, in my opinion, no worse practice can be adopted than that which is too common—namely, the placing of the injured part in a hot poultice that it may "recover itself." The results of careful adjustment, and of attempts to save textures and parts, almost against hope, will amply repay the surgeon, who, at the same time, places his reliance in opium and wine as constitutional treatment. I may here mention that when reaction and inflammatory fever set in, the tincture of aconite, when carefully watched, will exhibit the surprising power which it exerts over all forms of vascular excitement.

*Suppurating Sores and Wounds.*—Your minds cannot be too strongly impressed with the truth, that suppuration is a great evil, and may become a great peril to your patient. All applications that promote it are, therefore, to be avoided—such as hot fomentations of all kinds, poultices, and ointments. Torn and disorganized parts will suppurate in spite of all we can do. Our efforts must, then, be directed to rendering the process as little inconvenient as possible. The most scrupulous attention must be paid to supporting the suppurating textures by means of splints, strapping the sound parts of the limb, and applying graduated pressure, so as to limit the area of suppuration, and prevent the matter from burrowing. Next, the pus itself must be rendered as innocuous as possible by attention to cleanliness, and by disinfection when, as is most commonly the case, this also is required. Long ago impressed with the fact that erysipelas, diarrhœa, phlebitis, and low fever could often be traced to the foul condition of suppurating sores on the patient's own body, I have tried almost every disinfectant that has come before me, including of late the mixture of plaster of Paris and coal-tar, now so much eulogized in France. One objection to it, and to several others—as, for instance, charcoal, one of the best of all—is that they are unseemly, or smell disagreeably. No such objection, however, applies to a solution of Condy's fluid (the permanganate of potash), which, for two years past, I have largely and most beneficially employed in the case of all varieties of suppurating sores. A solution of from half a drachm to two or four drachms of the purple fluid, to the pint of water, will keep even the most offensive sore sweet and clean, and, as a general rule, produce no pain whatever. If it does, the solution must be made weaker, until the required strength is attained, for there is a great difference in respect to its tolerance amongst patients. Its benefits are, perhaps, more strikingly displayed in the case of burns than in any other form of suppurating sore. From the day that suppuration commences in the case of a burn or scald, under my care, it is dressed with lint saturated with a weak solution of this fluid, commencing with half a drachm to the pint of water, over which a layer of cotton wool is applied. I have no hesitation in saying that burns thus treated will get well better than under any other system that I am acquainted with. The smell, always one of the most distressing features in these cases, is very greatly lessened, if not altogether destroyed; and the patient, no longer tormented with a horrible odour constantly under his nose, regains his appetite for food, whilst he is spared the chances of constitutional affections from absorption of putrid matters.

Amidst the variety of cases thus treated which you have all seen, I need but single out, as an example, the case of Bridget C——, who for eight months lay in Bird ward. Hers was one of the worst cases of burn that I ever saw recover, extending, as it did, over nearly all the left side of the trunk and abdomen, by far the most perilous situations, as well as over the left upper and lower extremities. Those of you also who have watched, as I requested you would watch, that old woman from whom I recently removed a large polypus which had grown into the frontal sinus, and displaced the eye, will have observed how the serious typhoid condition into which she was thrown by the putrid discharge flowing back into the pharynx, was chiefly relieved by the assiduity with which the discharge was disinfected by injecting the two-drachm solution of Condy's fluid into the nares every four hours. So also you have often seen it employed as a wash for the mouth, as an application to destroy the fetor of cancerous sores, and as an injection in uterine carcinoma. Chemical science teaches us that the permanganates are true disinfectants because they oxygenate, and do not act merely as deodorizers.

*Position as a Remedial Agent.*—The last subject upon which I wish to speak to you at present is, the importance of enforcing an elevated position of the limb in a large proportion of the surgical lesions that come under our care. I add this to the other topics spoken of previously, because it is in practice inseparably connected with them, and because the whole of these observations taken together constitute a picture of the daily routine which, with various modifications suggested by experience, you will be called upon to follow out in the course of your ministrations. Whatever be the ultimate cause of inflammation, there can be no doubt that there is an accumulation of blood in the neighbourhood of injured and inflamed parts, arising partly from retardation in the circulation, and partly from an increase in the quantity sent to them. Even on the explanation of the mechanical pressure thus exerted on the nervous twigs, much of the pain complained of becomes explicable; but comparatively few persons are aware of the prodigious power which a great degree of elevation of the limb exerts upon the inflammatory process when it occurs in an extremity. If you elevate one hand high above the head, and suffer the other to fall down by the side, in the course of a very few minutes you will find how completely the one has become blanched and cold, whilst the other is hot and dark coloured. So it is with an inflamed limb; but a trifling degree of elevation is of no use; the lower extremity must be placed in the position which we adopt in cases of fracture of the patella; whilst the upper extremity, if the inflammatory symptoms run high, must be tied up, and supported as nearly as possible in the perpendicular position. I have kept limbs in these positions for a week at a time, although in the case of the upper extremity twenty-four or forty-eight hours of the extreme degree of elevation is all that is required. If both arms are placed high above the head, the effect produced in the cerebral circulation becomes very marked; and some persons are in the habit of relieving the severity of a morning headache, which they experience on waking, by the adoption of this simple proceeding. I was much struck by the fact that the sudden death of the Duchess D'Aumale, which occurred whilst she was convalescent from her confinement, took place as she sat up in bed combing her hair.

A very few examples of the beneficial effects arising from this plan of elevation will serve to remind you of what you may any day observe for yourselves in the hospital. Some little time ago a patient was received into Regent ward, with phlegmonous inflammation of the left thigh and leg, following on a slight wound, in an unhealthy constitution. The limb was much swollen, of a universally dark-red hue, inclining here and there to a claret colour, very œdematous, pitted on pressure, and intensely painful. Some years ago I should have adopted the practice which I learned at the hospital where I was educated, and should have made free incisions into it, to be subsequently followed by poultices; but now I had it wrapped in cotton wool, and maintained flexed at an acute angle with the abdomen, whilst a few small doses of the tincture of aconite were administered to the patient, for the general febrile disturbance was very considerable. In the course of six hours the pain, swelling, and redness had greatly abated, so that the patient slept as she had not done for many days previously. Subsequently, two or three small abscesses had to be evacuated from beneath the skin, and the patient got well under the employment of the tincture of iron, good living, and wine, with a speed which experience of both plans of treatment enables me to affirm she would not have done had the bloodletting incisions been resorted to. I might multiply such cases if it were necessary to do so. Take, for another example, the case of the woman now in Bird ward, who was admitted with a neglected scald of the ankle of a fortnight's standing. Observe how the enforced elevation of the limb speedily eased the extreme pain, and changed the character of the deep-red, inflamed, foul, discharging ulcers.

Similar instances you have seen in the case of the upper extremity; but, for a specimen, let me refer you to that girl who was admitted for repeatedly-recurring hemorrhage from a wound of the palmar arch. You know that the wound itself was sloughing, from the pressure which had been applied to it for some days before she came to the hospital, and that forcible flexion of the elbow-joint failed to stop the bleeding. A piece of bougie, rendered thicker by having lint wrapped around it, was strapped along the course of the radial and ulnar

vessels at the wrist, and for ten days the girl's hand was tied up, wrapped in cotton wool, to the head of the bed-post. She speedily got accustomed to the inconvenience of the position, and, almost contrary to expectation, the wound healed kindly, without further hemorrhage.

I may mention, in order to show that this position of the arms, though unpleasant, is by no means unbearable, that I am acquainted with the case of a young lady who for two years slept with the hands and arms thus raised, as a means of preventing her from practising masturbation, which had reduced her to the lowest state of mental and bodily weakness.

These things, gentlemen, may appear to be but little matters, but you may depend upon it that as our knowledge increases so do our plans of treatment become more precise and simple.—*Lancet*, Dec. 10, 1859.

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## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*The American Medical Association* will hold its thirteenth annual meeting at New Haven, Ct., on the *first Tuesday of June*, 1860.

The secretaries of local societies, colleges and hospitals, are requested to forward the names of delegates, as soon as they are appointed, to

STEPHEN G. HUBBARD, M. D.
*Secretary.*

New Haven, Ct.

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*National Convention for Revising the Pharmacopœia.*—The following appointments of Delegates to the Convention for revising the Pharmacopœia, to meet in Washington on the first Wednesday in May next, having been duly made known to me, are hereby announced, in compliance with a provision of the Convention of 1850.

From the Massachusetts College of Pharmacy, Messrs. Theodore Metcalf and Charles T. Carney; from the New York Academy of Medicine, B. W. McCready, M. D., E. H. Davis, M. D., and E. R. Squibb, M. D.; from the College of Physicians of Philadelphia, Geo. B. Wood, M. D., R. P. Thomas, M. D., and Robert Bridges, M. D.; from the University of Pennsylvania, Joseph Carson, M. D., R. E. Rogers, M. D., and Joseph Leidy, M. D.; from the Jefferson Medical College of Philadelphia, Franklin Bache, M. D., and T. D. Mitchell, M. D.; from the Philadelphia College of Pharmacy, Messrs. Wm. Procter, Jr., Edward Parrish, and Alfred B. Taylor; and from the Medical Society of North Carolina, Wm. Geo. Thomas, M. D., Peter E. Hines, M. D., and Edward Warren, M. D.; from the Medical Society of the State of New York, Drs. E. R. Squibb, Howard Townsend, and Caleb Green; from the College of Pharmacy of the City of New York, Messrs. Wm. Hegeman, Alex. Cushman, and John Meakim; from the Faculty of Physic of the University of Maryland, Professors Samuel Chew, Charles Frick, and Wm. E. A. Aikin; from the Maryland College of Pharmacy, Messrs. G. W. Andrews, Israel J. Graham, and Alpheus P. Sharp; and from the Cincinnati College of Pharmacy, Messrs. E. S. Wayne, W. S. Merrill, and W. J. M. Gordon.

By order of the Convention of 1850.

Geo. B. Wood, *President.*

Philada. Feb. 14, 1860.

Other medical journals will please copy.

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*Sewerage and Drainage of large Cities.*—At a meeting of the Am. Med. Assoc., held at Louisville, Ky., May, 1859, Dr. A. J. Semmes, of New Orleans was appointed Chairman of the Committee on the "*Influence of Sewerage and Drainage of large cities on Public Health.*" Any facts, suggestions, documents, reports, or other matter having relation to this important subject, will, he announces, be thankfully received and duly acknowledged by him.

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*Officers of the College of Physicians of Philadelphia.*—The following were elected officers for 1860 at the meeting on 4th January:—

*President.*—Dr. Geo. B. Wood.
*Vice-President.*—Dr. Franklin Bache.
*Treasurer.*—Dr. John Rodman Paul.
*Secretary.*—Dr. Edward Hartshorne.
*Librarian.*—Dr. Thos. Hewson Bache.
*Censors.*—Drs. G. W. Norris, I. Hays, Jos. Carson, W. S. W. Ruschenberger.

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*Philadelphia Medical Society.*—Instituted A. D. 1789. Incorporated A. D. 1702. At a meeting of this Society held January 30,

1860, the following named were duly elected officers for the current year, viz.:—

*President.*—Dr. R. La Roche.

*Vice-Presidents.*—Dr. John Neill, Dr. George W. Norris.

*Treasurer.*—Dr. John J. Reese.

*Corresponding Secretary.*—Dr. John B. Biddle.

*Recording Secretary.*—Dr. A. E. Stocker.

*Censor.*—Dr. Samuel Lewis.

*Orator.*—Dr. M. O'Hara.

*Librarian.*—Dr. J. H. Packard.

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*Boston Medical and Surgical Journal.*—Drs. W. W. Morland and Francis Minot have retired from the Editorship of this journal. We regret to part with our respected *confreres*, and wish them happiness and success in their future pursuits in life.

Drs. F. E. Oliver and Calvin Ellis succeed to the Editorial chair.

## FOREIGN INTELLIGENCE.

*The Safeguards of the Eye.*—The higher phenomena of physical science are but little studied in their physiological relations. This is probably due to the rare combination of great physical acquirements with anatomical or physiological instruction. When physiology shall have assumed its rightful place amongst the studies of our higher schools and universities, we shall no longer have to complain of the barrenness of mathematical science in the explanation of vital phenomena.

M. Regnault, in an interesting paper, endeavours now to establish the respective part of the chemical rays, and the various elements of the visual apparatus, in the exercise of sight. Every one knows that light includes three varieties of rays—luminous, calorific, and chemical. The latter are especially found in the violet and ultra-violet (non-luminous) parts of the spectrum. Again, certain bodies, such as the sulphate of quinine, uranium, &c., have been shown to possess the property of fixing these rays, and thus becoming *fluorescent*.

These principles of optic science M. Regnault has proceeded to apply to the study of the optical phenomena of the eye, by the aid of some very exquisite experiments. By the help of some beautiful proceedings, he procured ultra-violet chemical rays, and assured himself that the constituent parts of the eye were fluorescent—that is, absorbent of the chemical rays. This property was well marked in the peripheric layers of the crystalline; somewhat less so in the cornea. The retina, also, is slightly fluorescent.

It results from these experiments that we may regard the lenticular apparatus of the eye as a veritable shield to the retina. Giving passage to the luminous rays, which alone are necessary to sight, and retaining the chemical rays, which might injure the retina, they must henceforth be accounted as amongst the tutamina oculi. If the iris and the lashes regulate the quantity, we may regard this apparatus as regulating the quality of the rays which impinge upon the optic nerve.

The retina itself is slightly fluorescent. Probably, then, the retina, like the skin, is served by the absorption of a moderate proportion of these rays, and injured by the excess. So, also, with the crystalline and cornea.

This limited power of fixing the chemical rays is so adapted to external nature, that the rays commonly reflected from the various objects do not contain a greater proportion of those rays than can be controlled by this remarkable provision. But, on the other hand, when gazing at substances which are themselves wholly devoid of fluorescence, as sand and snow, we painfully feel the injurious influence of the excess of chemical rays reflected upon the retina. And if this trying exercise be continued, not only the retina, but the lens and cornea will suffer from the strain. The most severe results have followed such exposure.

An interesting application of these studies of M. Regnault is suggested by the fluorescent property of the glass of uranium, which has a remarkable power of protecting the sight in this respect, since its fluorescent qualities are of the highest. Those who suffer from the reflection of light—from sand, chalk-cliff, glacier, or snow plain—may avail themselves of such a protection. The electric light is peculiarly intolerable by reason of the excess of chemical rays; transmitted through uranium they would be less intolerable, and the invention might be thus, perhaps, more generally utilized. The researches of M. Regnault are at once scientifically interesting and highly suggestive of practical results.—*Lancet*, Jan. 21, 1860.

*A New Electric Pile.*—A curious combination of elements for a galvanic pile has just been communicated to the Academy of Sciences by M. Marié Davie. It had hitherto been believed that, in order to obtain a regular and powerful current, the substance intended to absorb the hydrogen and to furnish the zinc with the acid which is to dissolve it, must be soluble also. M. Marié Davy shows that this need not be the case, and that is only requisite that the substance in question be a good conductor and reducible at the same time. With this view he selects sulphate and chloride of lead, the former being quite insoluble in water, and the latter nearly so. Sulphate of lead is not much used in manufactures, and yet is produced on a large scale for the preparation of the acetate of alumina, which is used in dyeing. Hence, it may be had cheap. Now, 33 kilogrammes of zinc, costing 25f., will reduce in the pile 144 kilogrammes of sulphate of lead, and thus produce 104 kilogrammes of lead, value 65f. There is, therefore, a difference of 40f., which will nearly cover the cost of the sulphate, so that the expense of this pile would be very inconsiderable. Its electro-motive power is not inferior to that of Daniel's battery. Chloride of lead is dearer than the sulphate, but is preferable in other respects, being a better conductor, and yielding a much stronger current. The arrangement of M. Davy's pile is the primitive one in columns. Every element consists of a tinned iron dish, having a disc of zinc soldered to the bottom outside; the inside is covered with a coating of sulphate of lead of the thickness of several millimetres. When in use each dish is filled with water, its zinc bottom being immersed in the water of the dish immediately below. A column composed of 40 elements thus disposed will form a column of about one metre in height. When the chloride is to be used instead of the sulphate, it should be previously cast into thin laminæ, and then broken into fragments, by which means the cleaning of the pile is easier to effect. A pile of this description is actually in use at the Central Telegraph Office, and has been in operation since the 9th inst.—*Med. Times and Gaz.*, Jan. 14, 1860.

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*Amputation of the Thigh in the Hypnotic State.*—M. Guérinau, surgeon to the hospital of Poitiers, in France, has just published, in the *Gazette des Hôpitaux*, the case of a farm labourer, of thirty-four years of age, who has had his thigh amputated for white swelling of the knee-joint, whilst under the influence of hypnotism. The patient had been ill two years, and experienced such pain in the knee that it could not be touched without exciting cries of distress. So apprehensive was he of pain, that he would not be carried to the operating theatre, but hobbled on crutches until he fainted. This was a case evidently unfit for chloroform, so that hypnotism was tried. A bright spatula was held about four inches from the root of the nose, the patient being recumbent. Strabismus immediately occurred; but when attempts were made to separate his legs, he resisted, and said it hurt him. Five minutes after the beginning of the experiment, one arm of the patient was raised by the surgeon, but it fell down; hence it was plain that catalepsy was not being produced, and the man then observed that it would be difficult to put him to sleep in that manner. Great silence was then enjoined in the room; and, after five more minutes, the patient being still fixed by looking at the spatula, the flap amputation was performed. It lasted one minute and a half, and, to the surprise of all present, not a sign of pain was evinced by the patient, and he made not the slightest movement, though hardly held by the assistants. When asked how he felt, he said he thought he was in Paradise. His eyes remained open the whole time, were somewhat oscillating, and affected with strabismus. About two minutes before the beginning of the operation, a pupil pinched the patient's thigh, asking him whether he felt pain, upon which he answered, "Yes, I feel a little." After the operation, the patient said: "I felt what was done, for, at the time the limb was being amputated, you said to me, 'Do you feel any pain?'" Now it should be noticed that the limb was removed two full minutes *after* this circumstance occurred, so that the man could not have felt any pain at the time of the actual operation. It is, however, not stated how he bore the tying of the arteries and the dressing of the stump.—*Lancet*, Jan. 7, 1860.

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*The Physician Astronomer.*—At a meeting of the Academy of Sciences in Paris, on December 26th, 1859, M. Leverrier made the following interesting communication: Dr. Lescarbault, a medical man in busy

practice at Orgères, in the department of the Eure-et-Loire, is also a zealous astronomer, and a man who supplies by his ingenuity the deficiency of the means which he possesses for prosecuting his favourite science. In March last, M. Lescarbault observed the passage over the sun's disk of a planet within the orbit of Mercury; and he communicated the fact to M. Leverrier, who had noticed certain perturbations in the motion of Mercury, that, in his opinion, could only be explained by the presence of another planet. This was in September last; and thereupon M. Leverrier visited him, together with M. Vallée, and had been enabled to confirm the title of M. Lescarbault to the discovery. The correctness of the results obtained by him was the more remarkable on account of the paucity of his instruments. On arriving at Orgères, M. Leverrier found a regular observatory, with instruments, chiefly contrived by the doctor himself, whose finances were limited. Not having a chronometer, he had made himself a pendulum, striking seconds, by means of an ivory ball and a bit of string. Notwithstanding the clumsiness of his apparatus, the calculations of M. Lescarbault varied less from those of M. Leverrier, than those of the most eminent astronomers sometimes do from each other. For want of paper, Dr. Lescarbault had generally written down his observations with charcoal on a deal board; which, with the doctor's calculations written on it, was presented to the Academy by M. Leverrier.

The Emperor of the French has conferred on Dr. L. the honorary distinction of Commander of the Legion of Honour.

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*M. Vriès.*—The history of this individual is rather remarkable. His age is fifty-five; a native of Surinam. In 1852, he made his *début* in London in the capacity of a religious reformer, where he tried to attract public attention by placards announcing a crusade against popery, and to collect funds for the erection of a temple for a new sect of his own creation. Still later, he offered his services to the London Cancer Hospital, where, after some trial, he was declared to be a swindler. In 1854, we find him in Paris pestering the authorities with a new invention of his "to substitute the use of electro-magnetism for that of steam," and a commission was appointed to examine into the nature of his alleged new discovery. His next move was to prison for debt, where he spent seven months. This time was no loss to him or to the world, for he used his leisure hours to mature new plans of *escroquerie*. He met there with a kindred spirit, M. Tennesse, whom he engaged to act as an adjuvant in his future campaign.

He emerged from prison quite new-born, christened Dr. Noir (although he is not black); and his secretary, Tennesse, filled the newspapers with lucubrations about his master's wonderful cures. He addressed letters to the President of the Académie de Médecine, and to Dr. Conneau, the Emperor's physican, representing himself as an "M. D. of the University of Leyden, who had spent the greater part of his life at the tropics, and there made properties of plants his special study, and found the quinquina of cancer, and remedies for all diseases considered as incurable," &c. Dr. Bazin, of the Hôpital Saint Louis, was induced, by such audacious pretensions, to intrust Vriès with some incurable cancer patients in his wards, and the result proving the same as in the London Cancer Hospital, the doors of Saint Louis were shut against him.

In 1856, Dr. Noir resumed his old trade as religious reformer. But this time it was no crusade against the Pope, Cardinal Wiseman, or the Jesuits, but it was the burden of a new Revelation from Heaven, with the commission to build a marble temple at the Champs Elysées as a monument of the kingdom of reconciliation between the whole human race; Vriès himself acting, of course, as the apostle and *treasurer* of the new scheme.

His secretary published two pamphlets on the subject, which are worthy specimens of the man's impudence. All the architects of the country being at the same time requested to compete in forwarding plans for the new temple, one artist was really so credulous as to send in a plan, for which Vriès never paid him.

Passing by a great many interludes of our hero's career—viz., public dinners at the Hôtel de Louvre, and other exhibitions, to attract attention—we arrive at the most important period of 1859, when Professor Velpeau admitted him into the Charité, and gave him seventeen patients to try his skill upon. The result of that experiment is well known. After three months' trial, seven of the patients died. He was dismissed, and Professor Velpeau reported ac-

cordingly that "Seven died, and the rest are on the point of death; and the analysis of his drugs proved that he had no secret remedy whatever. Many substances he used are inert, others poisonous," &c. Yet that was no unfortunate circumstance; it was all Vriès wanted. It was generally thought that by admitting him into the Charité, Professor Velpeau misled the public in giving him a standing. This opinion is now confirmed by the fact, established in the course of his trial, that Vriès is no graduate of any university, but a downright swindler in the proper acceptation of the term.

Those who defend such a procedure on the ground of its being calculated to put down rather than to encourage pretensions, seem to forget that the public do not trouble themselves with the details of such questions, but they judge from the outline. To admit persons of that tribe into public institutions to experiment, is to raise them from the degree of street criers and to attach an importance to their name, to the damage of the public and to science.

There is another point of view which we ought not to disregard in the consideration of such questions—namely, Is any surgeon of a hospital justified in handing over unfortunate patients, who confide in him, to the care of such persons as this, without even examining his credentials?

The judgment passed upon Vriès is very mild indeed. Fifteen months' imprisonment and 500 francs fine are not much for such an extensive system of *escroquerie* of the most dangerous kind. Whilst, therefore, he has no reason to complain, it is to be hoped that his history will convey a moral and salutary lesson to others.—*Lancet*, Jan 21, 1860.

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*Vitality of Toads.*—M. Victor Legrip, of Chambon, has transmitted to the editor of the *Cosmos* an account of various experiments on this subject. M. Legrip put some toads in chambers hollowed in the earth to the depth of sixteen inches, placing them on a tile, and covering them with a pot. Others were immured between two disks of glass in plaster cells, without access of air; and some were imprisoned in masses of mixed plaster, which touched every part of them. The first were examined monthly, and exhibited no marks of decay till towards the twelfth month, their excretions being retaken as nutriment. They lived thus, on an average, for twenty-three months. The second lot, examined through the glass, presented the following phenomena: Abundant excretions of the debris of insects and larvæ; torpor while in darkness; sparkling of the eye at the approach of light; powerful efforts to escape; progressive emaciation till death, which took place generally after fifty-six days. Among the third class some toads were living after twenty-eight months of absolute sepulture. These facts prove that the toad can live a long time without aliment or aëration; he lived longer in the chambers where his movements were unimpeded, than in the cells where he could hardly change his position; but his life was very much longer when he was completely embedded in the plaster. Not being able to move, he lost nothing; and thus it will be easily comprehended that alimentation was much less necessary, and that his life, as if suspended, might continue for an indefinite period. M. Legrip states that toads are not only inoffensive, but exceedingly useful in gardens, and that he is not at all surprised at the increasing commerce in these animals, who live exclusively on worms, caterpillars, and insects, great and small, and are thus the protectors of a host of useful and ornamental plants. Market gardeners will find them invaluable.—*Med. Times and Gaz.*, Oct. 1, 1859.

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*Preparations of Castor-oil Leaves.*—Dr. Routh exhibited to the Medical Society of London (Dec. 12, 1859) three preparations of castor-oil leaves, a *tincture* and *liquor* (dose of each one drachm), and an *extract* (dose, five grains). The leaves were obtained from Australia, and the drugs prepared by Mr. Greenish, of London. The Society would remember, that Dr. Routh had read a paper on the subject of the lactagogue effects of this plant, the leaves of which, applied to the breasts as poultices, and as fomentations to the vulva, for three days at intervals, were used, at Bonavista, to induce milk in the breasts of women within catamenial ages, but particularly in those women who had borne children. The milk once produced could be perpetuated by the simple irritation effected at the nipple by the suction of a child. These facts, related by Dr. M'William, had been confirmed in part by Dr. Tyler Smith. Dr. Routh has published his experience on the

subject also in a series of papers. To lying-in women with a deficiency of milk, Dr. Routh had given the infusion, in combination with conger-eel soup, and the effect, in determining a copious flow of milk, had been remarkable. He had administered the extract to unmarried women within catamenial ages, and the effect had been to produce intense pain in the breasts; but as he could not find anybody in that case who would try the effects on a child, he had not yet induced milk in the breasts of such. After three or four days, the symptoms were relieved by a copious leucorrhœa. As it was possible that a larger experience of this remedy might enable us to convert some married women within catamenial ages into wet nurses, and as it undoubtedly acted as a powerful lactagogue in suckling women, he was desirous that others also should experiment on the subject, and therefore to direct them where it could be procured.—*Lancet*, Dec. 24, 1859.

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*New Operation for removal of Naso-pharyngeal Polypus.*—Prof. LANGENBECK, of Berlin, describes (*Deutsche Klinik*, No. 48, 1859; *Gazette Hebd.*, Jan. 27th) a new operation in these cases, which consists in resecting the nasal bones and the orbitar process of the superior maxillary bone, leaving a bridge of periosteum by which the bones remain adherent to the neighbouring parts, and which permits them to reunite after the polypus has been removed and the bones replaced. Prof. Langenbeck has performed this operation with perfect success. The union appeared to be complete at the end of fifteen days, and left neither swelling nor tenderness.—*Lancet*, Feb. 4, 1860.

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*Vaccination in Scotland.*—At a meeting of the Medico-Chirurgical Society of Edinburgh, on the 18th inst., a paper was read on the subject of smallpox and vaccination by Dr. Alexander Wood, and a lengthened discussion ensued, in which Professor Simpson and other leading members of the medical profession in the city took part. All the speakers agreed in expressing unabated confidence in the efficacy of vaccination, if properly and universally performed, in diminishing the frequency of epidemics of smallpox, and in immensely abating their severity and reducing their mortality. —*Med. Times and Gaz.*, Jan. 28, 1860.

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*Arsenical poisoning by Paper-hangings.* —Three children near Tipton have suffered from the arsenical emanations from a green bedroom paper in a newly-papered house. The symptoms were emaciation, pining, general restlessness (worse at night, and twitching of the facial muscles. Dr. Ballenden, observing these symptoms, concluded that they were suffering from the effects of gradual poisoning; and, on being removed into another room, the children recovered.—*Lancet*, Feb. 4, 1860.

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*Professors of Medicine at the German Universities.*—It is customary in these universities to offer the principal medical chairs to such men as have rendered themselves celebrated either by their works or teaching; and at the same time to insure their services by rendering the charge advantageous to their possessor. In this way was the well-known Virchow, formerly at Würzburg, appointed some time since professor at Berlin; and so has, quite lately, M. Lebert been given the chair of clinical medicine at Breslau, hitherto occupied by Frerichs. M. Lebert, whose reputation is world-wide as a profound pathologist, has laid the foundation of his fame in Paris and Zurich.

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*Leprosy in Cape Coast.*—It is stated that leprosy is exceedingly prevalent in the town of Cape Coast, and is spreading rapidly, so as to cause great alarm among the community.

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OBITUARY RECORD.—Died, in London, Jan. 30th, 1860, of hæmatemesis, aged 51, ROBERT BENTLY TODD, M. D., late Physician to King's College Hospital, and well known in this country by his various valuable contributions to medical science.

—— suddenly, 1st of Feb. 1860, of gout, T. ALEXANDER, Esq., Director-general of the medical department of the British army.

—— on the 15th of Jan., 1860, of disease of the bladder, JOSEPH AYRE, M. D., of Hull, in the 70th year of his age. Dr. Ayre was well known by his works on "The Disorders of the Liver," on Dropsy, and particularly by his various publications on the treatment of Asiatic Cholera.